

**MEDI-CAL  
MAY 2007  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2006-07 and 2007-08**

**BUDGET  
YEAR**

Fiscal Forecasting and Data Management Branch  
State Department of Health Services  
1501 Capitol Avenue  
Sacramento, CA 95814  
(916) 552-8550  
[www.dhs.ca.gov/ffdmb](http://www.dhs.ca.gov/ffdmb)

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2007-08

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$16,184,585,060	\$8,092,292,530	\$8,092,292,530
B. B/Y NON-FFS BASE	\$14,150,519,000	\$8,662,566,000	\$5,487,953,000
C. BASE ADJUSTMENTS	-\$263,396,000	-\$270,818,200	\$7,422,200
D. ADJUSTED BASE	<u>\$30,071,708,060</u>	<u>\$16,484,040,330</u>	<u>\$13,587,667,730</u>
<b>II. POLICY CHANGES</b>			
A. ELIGIBILITY	\$630,880,090	\$277,118,270	\$353,761,820
B. BENEFITS	\$662,882,360	\$523,176,680	\$139,705,680
C. PHARMACY	-\$1,161,173,790	-\$586,336,390	-\$574,837,390
D. MANAGED CARE	\$422,454,000	\$210,404,000	\$212,050,000
E. PROVIDER RATES	\$260,933,720	\$130,466,860	\$130,466,860
F. HOSPITAL FINANCING	\$3,422,054,000	\$2,783,346,500	\$638,707,500
G. SUPPLEMENTAL PMNTS.	\$506,156,000	\$373,078,000	\$133,078,000
H. OTHER	-\$72,157,880	-\$83,126,940	\$10,969,060
I. TOTAL CHANGE	<u>\$4,672,028,500</u>	<u>\$3,628,126,970</u>	<u>\$1,043,901,520</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$34,743,736,560</u></u>	<u><u>\$20,112,167,310</u></u>	<u><u>\$14,631,569,250</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b><u>ELIGIBILITY</u></b>				
1	FAMILY PLANNING INITIATIVE	\$451,046,000	\$314,151,000	\$136,895,000
2	BREAST AND CERVICAL CANCER TREATMENT	\$106,430,000	\$58,101,550	\$48,328,450
3	REDETERMINATION FORM SIMPLIFICATION	\$0	\$0	\$0
4	CHDP GATEWAY - PREENROLLMENT	\$18,285,000	\$11,885,250	\$6,399,750
5	BRIDGE TO HFP	\$9,613,000	\$6,248,450	\$3,364,550
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$2,500,000
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GRANT	\$4,880,720	\$2,440,360	\$2,440,360
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$2,674,510	\$1,738,430	\$936,080
10	BCCTP RETROACTIVE COVERAGE	\$693,990	\$451,100	\$242,900
11	SB 437 - SELF-CERTIFICATION	\$23,870,530	\$11,935,270	\$11,935,260
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$19,480,200	-\$19,480,200
14	REFUGEES	\$5,596,000	\$0	\$5,596,000
15	NEW QUALIFIED ALIENS	\$0	-\$133,165,000	\$133,165,000
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
142	DRA - MINOR CONSENT	\$0	-\$20,043,500	\$20,043,500
152	PE FOR HFP DISENROLLEES	\$2,790,340	\$1,395,170	\$1,395,170
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$630,880,090</b>	<b>\$277,118,270</b>	<b>\$353,761,820</b>
<b><u>BENEFITS</u></b>				
17	ADULT DAY HEALTH CARE - CDA	\$395,175,000	\$197,587,500	\$197,587,500
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$175,000,000	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
20	CONLAN V. BONTA	\$17,755,730	\$8,877,860	\$8,877,860
21	HUMAN PAPILLOMAVIRUS VACCINE	\$11,120,920	\$5,560,460	\$5,560,460
22	PRENATAL SCREENING EXPANSION	\$9,812,250	\$4,906,130	\$4,906,130
23	NF A/B LEVEL OF CARE GROWTH	\$3,487,380	\$1,743,690	\$1,743,690
25	GENETIC DISEASE TESTING FEE INCREASE	\$2,884,840	\$1,442,420	\$1,442,420
27	ELIMINATION OF PODIATRY TARS	\$111,530	\$55,770	\$55,770
28	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$234,360	\$117,180	\$117,180
30	INDEP. PLUS SELF-DIR. SERV. WAIVER - CDDS	\$312,000	\$312,000	\$0
31	NEWBORN HEARING SCREENS EXPANSION	\$296,560	\$148,280	\$148,280
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$111,566,000	-\$111,566,000
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,986,500	\$4,986,500
36	ADULT DAY HEALTH CARE REFORMS	-\$6,388,050	-\$3,194,030	-\$3,194,030
37	EXPANSION OF NF/AH WAIVER (SB 643)	-\$433,000	-\$216,500	-\$216,500
141	HOME TOCOLYTIC THERAPY	\$2,996,840	\$1,498,420	\$1,498,420
	<b>BENEFITS SUBTOTAL</b>	<b>\$662,882,360</b>	<b>\$523,176,680</b>	<b>\$139,705,680</b>
<b><u>PHARMACY</u></b>				
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$650,000	\$650,000

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b>PHARMACY</b>				
40	NON FFP DRUGS	\$0	-\$172,000	\$172,000
41	DRUG REIMBURSEMENT REDUCTION	-\$77,399,690	-\$38,699,850	-\$38,699,850
42	MEDICAL SUPPLY CONTRACTING	-\$4,619,790	-\$2,309,900	-\$2,309,890
43	ENTERAL NUTRITION PRODUCTS	-\$9,438,080	-\$4,719,040	-\$4,719,040
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$1,267,230	-\$633,620	-\$633,620
45	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$3,009,200	-\$2,990,800
46	FAMILY PACT DRUG REBATES	-\$34,765,000	-\$20,706,800	-\$14,058,200
47	STATE SUPPLEMENTAL DRUG REBATES	-\$316,915,000	-\$158,950,700	-\$157,964,300
48	FEDERAL DRUG REBATE PROGRAM	-\$667,269,000	-\$334,672,900	-\$332,596,100
139	MEDICAL SUPPLY REBATES	-\$3,500,000	-\$1,750,000	-\$1,750,000
140	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,062,400	-\$19,937,600
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,161,173,790</b>	<b>-\$586,336,400</b>	<b>-\$574,837,390</b>
<b>MANAGED CARE</b>				
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$199,911,000	\$99,955,500	\$99,955,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$4,500,000	\$2,250,000	\$2,250,000
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
145	CAPITATED RATE METHODOLOGY PROJECT RATE INCRE	\$214,285,000	\$107,142,500	\$107,142,500
147	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	\$0
148	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	-\$823,000	\$823,000
153	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$3,758,000	\$1,879,000	\$1,879,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$422,454,000</b>	<b>\$210,404,000</b>	<b>\$212,050,000</b>
<b>PROVIDER RATES</b>				
65	NF-B RATE CHANGES AND QA FEE	\$150,813,890	\$75,406,940	\$75,406,940
66	LTC RATE ADJUSTMENT	\$56,699,160	\$28,349,580	\$28,349,580
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$29,964,150	\$14,982,080	\$14,982,070
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$38,124,000	\$19,062,000	\$19,062,000
69	DME REIMBURSEMENT CHANGES	\$4,259,880	\$2,129,940	\$2,129,940
70	HOSPICE RATE INCREASES	\$7,615,670	\$3,807,840	\$3,807,840
72	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$6,059,440	\$3,029,720	\$3,029,720
73	NF-B 2007-08 RATE CAP ADJUSTMENT	-\$32,602,460	-\$16,301,230	-\$16,301,230
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$260,933,730</b>	<b>\$130,466,870</b>	<b>\$130,466,860</b>
<b>HOSPITAL FINANCING</b>				
74	HOSP FINANCING - DSH PMT	\$1,614,917,000	\$1,032,579,500	\$582,337,500
75	HOSP FINANCING - SAFETY NET CARE POOL	\$578,427,000	\$546,775,000	\$31,652,000
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$477,742,000	\$238,871,000	\$238,871,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$292,936,000	\$146,468,000	\$146,468,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$154,860,000	\$154,860,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,656,000	\$14,828,000	\$14,828,000

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b><u>HOSPITAL FINANCING</u></b>				
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$27,181,000	\$27,181,000	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,998,000	\$1,999,000	\$1,999,000
83	HOSP FINANCING - HEALTH CARE COVERAGE	\$150,000,000	\$150,000,000	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$40,565,000	\$40,565,000	\$0
85	HOSP FINANCING - STABILIZATION FUNDING	\$56,300,000	\$28,150,000	\$28,150,000
86	HOSP FINANCING - BCCTP	\$0	\$0	\$0
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$364,500,000	-\$364,500,000
88	HOSP FINANCING - MIA LTC	\$0	\$10,570,000	-\$10,570,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	\$0	-\$30,528,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,422,054,000</b>	<b>\$2,783,346,500</b>	<b>\$638,707,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$104,156,000	\$52,078,000	\$52,078,000
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
93	FFP FOR LOCAL TRAUMA CENTERS	\$44,000,000	\$22,000,000	\$22,000,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$50,000,000	\$50,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
98	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$65,000,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$506,156,000</b>	<b>\$373,078,000</b>	<b>\$133,078,000</b>
<b><u>OTHER</u></b>				
110	HEALTHY FAMILIES - CDMH	\$24,002,000	\$24,002,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$9,052,500
114	MINOR CONSENT SETTLEMENT	\$9,098,000	\$0	\$9,098,000
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
120	ESTATE RECOVERY REGULATIONS	\$1,279,900	\$639,950	\$639,950
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	\$6,000,000	-\$6,000,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$48,000,000	\$48,000,000
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$42,479,820	-\$21,239,910	-\$21,239,910
129	MEDICAL SUPPORT ENHANCEMENTS	-\$1,739,070	-\$869,540	-\$869,540
131	EDS COST CONTAINMENT PROJECTS	-\$1,657,250	-\$828,620	-\$828,620
132	NEW RECOVERY ACTIVITIES	-\$11,902,140	-\$5,951,070	-\$5,951,070
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$66,045,000	-\$33,022,500	-\$33,022,500
138	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$1,216,500	-\$608,250	-\$608,250
143	DENTAL RETROACTIVE RATE CHANGES	-\$603,000	-\$301,500	-\$301,500
	<b>OTHER SUBTOTAL</b>	<b>-\$72,157,880</b>	<b>-\$83,126,940</b>	<b>\$10,969,060</b>

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2007-08**

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
	GRAND TOTAL	<u>\$4,672,028,510</u>	<u>\$3,628,126,980</u>	<u>\$1,043,901,520</u>

## MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2007-08

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$4,239,717,500	\$2,237,833,520	\$2,001,883,980
PHYSICIANS	\$1,253,195,690	\$620,542,490	\$632,653,200
OTHER MEDICAL	\$2,147,184,700	\$1,107,540,830	\$1,039,643,870
COUNTY OUTPATIENT	\$198,489,220	\$148,627,070	\$49,862,150
COMMUNITY OUTPATIENT	\$640,847,900	\$361,123,130	\$279,724,770
<b>PHARMACY</b>	\$1,910,517,340	\$943,724,840	\$966,792,500
<b>HOSPITAL INPATIENT</b>	\$8,099,681,800	\$5,026,863,170	\$3,072,818,630
COUNTY INPATIENT	\$2,556,981,330	\$1,992,738,140	\$564,243,190
COMMUNITY INPATIENT	\$5,542,700,470	\$3,034,125,030	\$2,508,575,440
<b>LONG TERM CARE</b>	\$4,266,000,670	\$2,129,769,530	\$2,136,231,150
NURSING FACILITIES	\$3,844,195,440	\$1,920,740,620	\$1,923,454,820
ICF-DD	\$421,805,230	\$209,028,910	\$212,776,330
<b>OTHER SERVICES</b>	\$1,441,921,450	\$792,239,630	\$649,681,820
MEDICAL TRANSPORTATION	\$143,388,540	\$67,403,460	\$75,985,080
OTHER SERVICES	\$1,121,237,120	\$637,679,980	\$483,557,140
HOME HEALTH	\$177,295,790	\$87,156,200	\$90,139,600
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$19,957,838,770</b>	<b>\$11,130,430,690</b>	<b>\$8,827,408,070</b>
<b>MANAGED CARE</b>	\$6,311,684,030	\$3,124,800,810	\$3,186,883,210
TWO PLAN MODEL	\$3,490,511,670	\$1,743,505,350	\$1,747,006,320
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,868,954,390	\$932,541,240	\$936,413,150
GEOGRAPHIC MANAGED CARE	\$588,232,980	\$294,178,490	\$294,054,490
PHP & OTHER MANAG. CARE	\$363,984,990	\$154,575,740	\$209,409,250
<b>DENTAL</b>	\$604,640,570	\$295,249,950	\$309,390,630
<b>MENTAL HEALTH</b>	\$1,120,547,000	\$1,120,547,000	\$0
<b>AUDITS/ LAWSUITS</b>	\$11,963,000	-\$47,070,750	\$59,033,760
<b>EPSDT SCREENS</b>	\$65,174,790	\$27,862,030	\$37,312,760
<b>MEDICARE PAYMENTS</b>	\$3,294,959,000	\$951,221,500	\$2,343,737,500
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$315,541,000	\$315,541,000	\$0
<b>MISC. SERVICES</b>	\$3,342,665,000	\$3,332,332,260	\$10,332,740
<b>RECOVERIES</b>	-\$281,276,600	-\$138,747,180	-\$142,529,410
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$34,743,736,560</b>	<b>\$20,112,167,310</b>	<b>\$14,631,569,250</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

<b>SERVICE CATEGORY</b>	<b>MAY 2007 EST. FOR 2006-07</b>	<b>MAY 2007 EST. FOR 2007-08</b>	<b>DOLLAR DIFFERENCE</b>	<b>% CHANGE</b>
<b>PROFESSIONAL</b>	\$3,983,533,020	\$4,239,717,500	\$256,184,480	6.43
PHYSICIANS	\$1,208,280,010	\$1,253,195,690	\$44,915,680	3.72
OTHER MEDICAL	\$2,009,930,290	\$2,147,184,700	\$137,254,410	6.83
COUNTY OUTPATIENT	\$162,157,930	\$198,489,220	\$36,331,290	22.40
COMMUNITY OUTPATIENT	\$603,164,800	\$640,847,900	\$37,683,100	6.25
<b>PHARMACY</b>	\$1,697,932,520	\$1,910,517,340	\$212,584,820	12.52
<b>HOSPITAL INPATIENT</b>	\$7,633,493,390	\$8,099,681,800	\$466,188,410	6.11
COUNTY INPATIENT	\$2,417,041,430	\$2,556,981,330	\$139,939,900	5.79
COMMUNITY INPATIENT	\$5,216,451,960	\$5,542,700,470	\$326,248,510	6.25
<b>LONG TERM CARE</b>	\$4,033,824,500	\$4,266,000,670	\$232,176,170	5.76
NURSING FACILITIES	\$3,630,696,040	\$3,844,195,440	\$213,499,400	5.88
ICF-DD	\$403,128,460	\$421,805,230	\$18,676,770	4.63
<b>OTHER SERVICES</b>	\$1,365,001,620	\$1,441,921,450	\$76,919,840	5.64
MEDICAL TRANSPORTATION	\$139,884,440	\$143,388,540	\$3,504,100	2.50
OTHER SERVICES	\$1,059,582,390	\$1,121,237,120	\$61,654,730	5.82
HOME HEALTH	\$165,534,780	\$177,295,790	\$11,761,010	7.10
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$18,713,785,050</b>	<b>\$19,957,838,770</b>	<b>\$1,244,053,720</b>	<b>6.65</b>
<b>MANAGED CARE</b>	\$5,770,728,450	\$6,311,684,030	\$540,955,580	9.37
TWO PLAN MODEL	\$3,307,159,300	\$3,490,511,670	\$183,352,370	5.54
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,680,458,940	\$1,868,954,390	\$188,495,450	11.22
GEOGRAPHIC MANAGED CARE	\$512,373,840	\$588,232,980	\$75,859,140	14.81
PHP & OTHER MANAG. CARE	\$270,736,370	\$363,984,990	\$93,248,620	34.44
<b>DENTAL</b>	\$429,432,280	\$604,640,570	\$175,208,290	40.80
<b>MENTAL HEALTH</b>	\$1,230,801,000	\$1,120,547,000	-\$110,254,000	-8.96
<b>AUDITS/ LAWSUITS</b>	\$12,701,000	\$11,963,000	-\$738,000	-5.81
<b>EPSDT SCREENS</b>	\$62,920,770	\$65,174,790	\$2,254,020	3.58
<b>MEDICARE PAYMENTS</b>	\$3,174,776,000	\$3,294,959,000	\$120,183,000	3.79
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$294,952,000	\$315,541,000	\$20,589,000	6.98
<b>MISC. SERVICES</b>	\$3,072,507,000	\$3,342,665,000	\$270,157,990	8.79
<b>RECOVERIES</b>	-\$266,497,270	-\$281,276,600	-\$14,779,330	5.55
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$32,496,106,280</b>	<b>\$34,743,736,560</b>	<b>\$2,247,630,280</b>	<b>6.92</b>
<b>STATE FUNDS</b>	<b>\$13,724,286,260</b>	<b>\$14,631,569,250</b>	<b>\$907,282,990</b>	<b>6.61</b>



**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

<b>SERVICE CATEGORY</b>	<b>NOV. 2006 EST. FOR 2007-08</b>	<b>MAY 2007 EST. FOR 2007-08</b>	<b>DOLLAR DIFFERENCE</b>	<b>% CHANGE</b>
<b>PROFESSIONAL</b>	\$4,266,257,030	\$4,239,717,500	-\$26,539,530	-0.62
PHYSICIANS	\$1,275,814,730	\$1,253,195,690	-\$22,619,040	-1.77
OTHER MEDICAL	\$2,069,070,910	\$2,147,184,700	\$78,113,790	3.78
COUNTY OUTPATIENT	\$239,651,170	\$198,489,220	-\$41,161,950	-17.18
COMMUNITY OUTPATIENT	\$681,720,220	\$640,847,900	-\$40,872,330	-6.00
<b>PHARMACY</b>	\$1,955,595,170	\$1,910,517,340	-\$45,077,830	-2.31
<b>HOSPITAL INPATIENT</b>	\$8,108,572,460	\$8,099,681,800	-\$8,890,670	-0.11
COUNTY INPATIENT	\$2,493,627,080	\$2,556,981,330	\$63,354,250	2.54
COMMUNITY INPATIENT	\$5,614,945,380	\$5,542,700,470	-\$72,244,910	-1.29
<b>LONG TERM CARE</b>	\$4,318,522,250	\$4,266,000,670	-\$52,521,570	-1.22
NURSING FACILITIES	\$3,887,641,800	\$3,844,195,440	-\$43,446,360	-1.12
ICF-DD	\$430,880,450	\$421,805,230	-\$9,075,220	-2.11
<b>OTHER SERVICES</b>	\$1,505,122,500	\$1,441,921,450	-\$63,201,050	-4.20
MEDICAL TRANSPORTATION	\$161,596,300	\$143,388,540	-\$18,207,760	-11.27
OTHER SERVICES	\$1,164,902,930	\$1,121,237,120	-\$43,665,810	-3.75
HOME HEALTH	\$178,623,270	\$177,295,790	-\$1,327,480	-0.74
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$20,154,069,410</b>	<b>\$19,957,838,770</b>	<b>-\$196,230,650</b>	<b>-0.97</b>
<b>MANAGED CARE</b>	\$6,205,604,040	\$6,311,684,030	\$106,079,990	1.71
TWO PLAN MODEL	\$3,424,217,510	\$3,490,511,670	\$66,294,160	1.94
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,852,205,350	\$1,868,954,390	\$16,749,040	0.90
GEOGRAPHIC MANAGED CARE	\$525,061,560	\$588,232,980	\$63,171,420	12.03
PHP & OTHER MANAG. CARE	\$404,119,620	\$363,984,990	-\$40,134,630	-9.93
<b>DENTAL</b>	\$613,735,540	\$604,640,570	-\$9,094,970	-1.48
<b>MENTAL HEALTH</b>	\$1,059,745,990	\$1,120,547,000	\$60,801,010	5.74
<b>AUDITS/ LAWSUITS</b>	\$11,963,000	\$11,963,000	\$0	0.00
<b>EPSDT SCREENS</b>	\$68,686,320	\$65,174,790	-\$3,511,530	-5.11
<b>MEDICARE PAYMENTS</b>	\$3,299,365,000	\$3,294,959,000	-\$4,406,000	-0.13
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$301,015,000	\$315,541,000	\$14,526,000	4.83
<b>MISC. SERVICES</b>	\$3,220,705,000	\$3,342,665,000	\$121,960,000	3.79
<b>RECOVERIES</b>	-\$282,578,320	-\$281,276,600	\$1,301,720	-0.46
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$34,652,310,980</b>	<b>\$34,743,736,560</b>	<b>\$91,425,580</b>	<b>0.26</b>
<b>STATE FUNDS</b>	<b>\$14,658,010,660</b>	<b>\$14,631,569,250</b>	<b>-\$26,441,400</b>	<b>-0.18</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>ELIGIBILITY</u>						
1	FAMILY PLANNING INITIATIVE	\$462,177,000	\$150,544,800	\$451,046,000	\$136,895,000	-\$11,131,000	-\$13,649,800
2	BREAST AND CERVICAL CANCER TREATMENT	\$85,846,000	\$38,108,700	\$106,430,000	\$48,328,450	\$20,584,000	\$10,219,750
3	REDETERMINATION FORM SIMPLIFICATION	\$73,865,000	\$36,932,500	\$77,120,000	\$38,560,000	\$3,255,000	\$1,627,500
4	CHDP GATEWAY - PREENROLLMENT	\$17,549,000	\$6,142,150	\$18,285,000	\$6,399,750	\$736,000	\$257,600
5	BRIDGE TO HFP	\$8,104,000	\$2,836,400	\$9,613,000	\$3,364,550	\$1,509,000	\$528,150
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$5,000,000	\$2,500,000	\$0	\$0
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$5,154,110	\$2,577,060	\$4,880,720	\$2,440,360	-\$273,400	-\$136,700
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$3,088,780	\$1,081,070	\$2,674,510	\$936,080	-\$414,260	-\$144,990
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT	\$6,909,280	\$2,418,250	\$0	\$0	-\$6,909,280	-\$2,418,250
10	BCCTP RETROACTIVE COVERAGE	\$789,170	\$276,210	\$789,170	\$276,210	\$0	\$0
11	SB 437 - SELF-CERTIFICATION	\$20,672,260	\$10,336,130	\$23,870,530	\$11,935,260	\$3,198,270	\$1,599,140
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$16,581,150	\$0	-\$19,480,200	\$0	-\$2,899,050
14	REFUGEES	\$0	-\$2,378,000	\$5,596,000	\$5,596,000	\$5,596,000	\$7,974,000
15	NEW QUALIFIED ALIENS	\$0	\$167,324,500	\$0	\$133,165,000	\$0	-\$34,159,500
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
142	DRA - MINOR CONSENT	\$0	\$0	\$0	\$20,043,500	\$0	\$20,043,500
152	PE FOR HFP DISENROLLEES	\$0	\$0	\$2,790,340	\$1,395,170	\$2,790,340	\$1,395,170
	ELIGIBILITY SUBTOTAL	\$689,154,600	\$402,118,610	\$708,095,260	\$392,355,130	\$18,940,670	-\$9,763,490
	<u>BENEFITS</u>						
17	ADULT DAY HEALTH CARE - CDA	\$375,793,000	\$187,896,500	\$395,175,000	\$197,587,500	\$19,382,000	\$9,691,000
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$0	\$175,000,000	\$0	\$0	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
20	CONLAN V. BONTA	\$44,854,880	\$22,427,440	\$17,755,730	\$8,877,860	-\$27,099,150	-\$13,549,580
21	HUMAN PAPILLOMAVIRUS VACCINE	\$11,278,940	\$5,639,470	\$11,255,990	\$5,628,000	-\$22,950	-\$11,470
22	PRENATAL SCREENING EXPANSION	\$9,983,640	\$4,991,820	\$11,157,890	\$5,578,950	\$1,174,260	\$587,130
23	NF A/B LEVEL OF CARE GROWTH	\$6,592,050	\$3,296,030	\$3,487,380	\$1,743,690	-\$3,104,670	-\$1,552,340

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
24	DENTAL RESTORATION DOCUMENTATION REQUIREME	\$2,002,000	\$1,001,000	\$0	\$0	-\$2,002,000	-\$1,001,000
25	GENETIC DISEASE TESTING FEE INCREASE	\$3,054,830	\$1,527,420	\$3,280,460	\$1,640,230	\$225,630	\$112,820
26	FLUORIDE VARNISH	\$3,936,000	\$1,968,000	\$0	\$0	-\$3,936,000	-\$1,968,000
27	ELIMINATION OF PODIATRY TARS	\$199,400	\$99,700	\$199,200	\$99,600	-\$200	-\$100
28	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$327,300	\$163,650	\$234,360	\$117,180	-\$92,940	-\$46,470
29	DENTAL HEALTH FOR CHILDREN	\$1,550,000	\$775,000	\$0	\$0	-\$1,550,000	-\$775,000
30	INDEP. PLUS SELF-DIR. SERV. WAIVER - CDDS	\$634,000	\$0	\$312,000	\$0	-\$322,000	\$0
31	NEWBORN HEARING SCREENS EXPANSION	\$296,560	\$148,280	\$296,560	\$148,280	\$0	\$0
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$0
33	CLPP FUNDING FOR EPSDT LEAD SCREENS	\$0	\$0	\$0	\$0	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$97,189,950	\$0	-\$111,566,000	\$0	-\$14,376,050
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$5,362,500	\$0	\$4,986,500	\$0	-\$376,000
36	ADULT DAY HEALTH CARE REFORMS	-\$5,023,000	-\$2,511,500	-\$6,388,050	-\$3,194,030	-\$1,365,050	-\$682,530
37	EXPANSION OF NF/AH WAIVER (SB 643)	-\$863,000	-\$431,500	-\$433,000	-\$216,500	\$430,000	\$215,000
38	\$1800 DENTAL CAP FOR ADULTS	-\$2,500,000	-\$1,250,000	\$0	\$0	\$2,500,000	\$1,250,000
141	HOME TOCOLYTIC THERAPY	\$0	\$0	\$2,996,840	\$1,498,420	\$2,996,840	\$1,498,420
	<b>BENEFITS SUBTOTAL</b>	<b>\$677,632,590</b>	<b>\$161,671,850</b>	<b>\$664,846,370</b>	<b>\$140,687,680</b>	<b>-\$12,786,230</b>	<b>-\$20,984,160</b>
	<b>PHARMACY</b>						
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$570,000	\$0	\$650,000	\$0	\$80,000
40	NON FFP DRUGS	\$0	\$268,000	\$0	\$172,000	\$0	-\$96,000
41	DRUG REIMBURSEMENT REDUCTION	-\$88,000,320	-\$44,000,160	-\$77,399,690	-\$38,699,850	\$10,600,630	\$5,300,310
42	MEDICAL SUPPLY CONTRACTING	-\$8,730,390	-\$4,365,190	-\$8,526,740	-\$4,263,370	\$203,640	\$101,820
43	ENTERAL NUTRITION PRODUCTS	-\$11,475,850	-\$5,737,930	-\$12,900,600	-\$6,450,300	-\$1,424,750	-\$712,380
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$79,700,000	-\$39,850,000	-\$79,700,000	-\$39,850,000	\$0	\$0
45	AGED DRUG REBATE RESOLUTION	-\$8,000,000	-\$4,000,000	-\$6,000,000	-\$2,990,800	\$2,000,000	\$1,009,200
46	FAMILY PACT DRUG REBATES	-\$32,690,000	-\$13,219,000	-\$34,765,000	-\$14,058,200	-\$2,075,000	-\$839,200

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>PHARMACY</b>						
47	STATE SUPPLEMENTAL DRUG REBATES	-\$380,809,000	-\$189,812,100	-\$316,915,000	-\$157,964,300	\$63,894,000	\$31,847,800
48	FEDERAL DRUG REBATE PROGRAM	-\$818,992,000	-\$408,221,600	-\$667,269,000	-\$332,596,100	\$151,723,000	\$75,625,500
139	MEDICAL SUPPLY REBATES	\$0	\$0	-\$3,500,000	-\$1,750,000	-\$3,500,000	-\$1,750,000
140	DISPUTED DRUG REBATE RESOLUTIONS	\$0	\$0	-\$40,000,000	-\$19,937,600	-\$40,000,000	-\$19,937,600
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,428,397,560</b>	<b>-\$708,367,980</b>	<b>-\$1,246,976,030</b>	<b>-\$617,738,520</b>	<b>\$181,421,520</b>	<b>\$90,629,460</b>
	<b>MANAGED CARE</b>						
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$161,000,000	\$82,500,000	\$199,911,000	\$99,955,500	\$38,911,000	\$17,455,500
55	RESTORATION OF PROVIDER PAYMENT DECREASE	\$132,986,000	\$66,493,000	\$0	\$0	-\$132,986,000	-\$66,493,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,500,000	\$2,750,000	\$4,500,000	\$2,250,000	-\$1,000,000	-\$500,000
61	PACE RATES AT 90% OF UPL	\$4,355,000	\$2,177,500	\$0	\$0	-\$4,355,000	-\$2,177,500
62	CAPITATION RATE INCREASES	\$2,220,000	\$1,110,000	\$0	\$0	-\$2,220,000	-\$1,110,000
63	QUALITY IMPROVEMENT ASSESSMENT FEE	\$2,589,000	\$1,294,500	\$0	\$0	-\$2,589,000	-\$1,294,500
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
145	CAPITATED RATE METHODOLOGY PROJECT RATE INC	\$0	\$0	\$214,285,000	\$107,142,500	\$214,285,000	\$107,142,500
147	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	\$0	\$0	\$0	\$0
148	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$0	\$0	\$823,000	\$0	\$823,000
153	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$0	\$0	\$3,758,000	\$1,879,000	\$3,758,000	\$1,879,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$308,650,000</b>	<b>\$156,325,000</b>	<b>\$422,454,000</b>	<b>\$212,050,000</b>	<b>\$113,804,000</b>	<b>\$55,725,000</b>
	<b>PROVIDER RATES</b>						
65	NF-B RATE CHANGES AND QA FEE	\$332,099,780	\$166,049,890	\$303,265,410	\$151,632,700	-\$28,834,370	-\$14,417,190
66	LTC RATE ADJUSTMENT	\$119,947,240	\$59,973,620	\$120,996,930	\$60,498,460	\$1,049,680	\$524,840
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$41,052,250	\$20,526,120	\$43,095,280	\$21,547,640	\$2,043,040	\$1,021,520
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$26,577,000	\$13,288,500	\$38,124,000	\$19,062,000	\$11,547,000	\$5,773,500
69	DME REIMBURSEMENT CHANGES	\$5,067,000	\$2,533,500	\$4,482,190	\$2,241,100	-\$584,810	-\$292,400
70	HOSPICE RATE INCREASES	\$11,276,640	\$5,638,320	\$10,887,310	\$5,443,650	-\$389,340	-\$194,670
71	MINIMUM WAGE INCREASE FOR LTC FACILITIES	\$8,650,860	\$4,325,430	\$0	\$0	-\$8,650,860	-\$4,325,430

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>PROVIDER RATES</b>						
72	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$9,295,180	\$4,647,590	\$6,059,440	\$3,029,720	-\$3,235,730	-\$1,617,870
73	NF-B 2007-08 RATE CAP ADJUSTMENT	-\$28,837,920	-\$14,418,960	-\$32,602,460	-\$16,301,230	-\$3,764,540	-\$1,882,270
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$525,128,030</b>	<b>\$262,564,010</b>	<b>\$494,308,090</b>	<b>\$247,154,050</b>	<b>-\$30,819,930</b>	<b>-\$15,409,970</b>
	<b>HOSPITAL FINANCING</b>						
74	HOSP FINANCING - DSH PMT	\$1,619,443,000	\$586,862,000	\$1,614,917,000	\$582,337,500	-\$4,526,000	-\$4,524,500
75	HOSP FINANCING - SAFETY NET CARE POOL	\$518,800,000	\$0	\$578,427,000	\$31,652,000	\$59,627,000	\$31,652,000
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$464,000,000	\$232,000,000	\$477,742,000	\$238,871,000	\$13,742,000	\$6,871,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$292,936,000	\$146,468,000	\$292,936,000	\$146,468,000	\$0	\$0
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$56,093,000	\$0	\$154,860,000	\$0	\$98,767,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$72,784,000	\$0	\$26,000,000	\$0	-\$46,784,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,212,000	\$14,606,000	\$29,656,000	\$14,828,000	\$444,000	\$222,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$8,480,000	\$0	\$27,181,000	\$0	\$18,701,000	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,898,000	\$1,949,000	\$3,998,000	\$1,999,000	\$100,000	\$50,000
83	HOSP FINANCING - HEALTH CARE COVERAGE	\$150,000,000	\$0	\$150,000,000	\$0	\$0	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$147,736,000	\$0	\$40,565,000	\$0	-\$107,171,000	\$0
85	HOSP FINANCING - STABILIZATION FUNDING	\$138,000,000	\$69,000,000	\$56,300,000	\$28,150,000	-\$81,700,000	-\$40,850,000
86	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$414,490,500	\$0	-\$364,500,000	\$0	\$49,990,500
88	HOSP FINANCING - MIA LTC	\$0	\$0	\$0	-\$10,570,000	\$0	-\$10,570,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	\$0	\$0	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,501,382,000</b>	<b>\$636,394,500</b>	<b>\$3,422,054,000</b>	<b>\$638,707,500</b>	<b>-\$79,328,000</b>	<b>\$2,313,000</b>
	<b>SUPPLEMENTAL PMNTS.</b>						
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$104,872,000	\$52,436,000	\$104,156,000	\$52,078,000	-\$716,000	-\$358,000
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$125,000,000	\$0	\$0	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$200,000,000	\$100,000,000	\$100,000,000	\$50,000,000	-\$100,000,000	-\$50,000,000
93	FFP FOR LOCAL TRAUMA CENTERS	\$44,000,000	\$22,000,000	\$44,000,000	\$22,000,000	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>SUPPLEMENTAL PMNTS.</b>						
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$36,000,000	\$0	\$50,000,000	\$0	\$14,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
98	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$127,500,000	\$0	\$65,000,000	\$0	-\$62,500,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$655,372,000</b>	<b>\$183,436,000</b>	<b>\$506,156,000</b>	<b>\$133,078,000</b>	<b>-\$149,216,000</b>	<b>-\$50,358,000</b>
	<b>OTHER</b>						
110	HEALTHY FAMILIES - CDMH	\$24,002,000	\$0	\$24,002,000	\$0	\$0	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$18,105,000	\$9,052,500	\$0	\$0
114	MINOR CONSENT SETTLEMENT	\$9,098,000	\$9,098,000	\$9,098,000	\$9,098,000	\$0	\$0
116	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$1,169,000	\$584,500	\$0	\$0	-\$1,169,000	-\$584,500
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
120	ESTATE RECOVERY REGULATIONS	\$691,000	\$345,500	\$2,173,000	\$1,086,500	\$1,482,000	\$741,000
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	-\$5,900,000	\$0	-\$6,000,000	\$0	-\$100,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$48,000,000	\$0	\$48,000,000	\$0	\$0
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,400,000	\$0	\$12,000,000	\$0	-\$400,000
128	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$45,028,440	-\$22,514,220	-\$42,479,820	-\$21,239,910	\$2,548,620	\$1,274,310
129	MEDICAL SUPPORT ENHANCEMENTS	-\$1,901,450	-\$950,720	-\$1,739,070	-\$869,540	\$162,380	\$81,190
130	GLAXOSMITHKLINE SETTLEMENT	\$0	\$0	\$0	\$0	\$0	\$0
131	EDS COST CONTAINMENT PROJECTS	-\$2,895,590	-\$1,447,790	-\$3,010,440	-\$1,505,220	-\$114,850	-\$57,420
132	NEW RECOVERY ACTIVITIES	-\$27,900,000	-\$13,950,000	-\$27,900,000	-\$13,950,000	\$0	\$0
133	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$125,087,000	-\$62,543,500	\$0	\$0	\$125,087,000	\$62,543,500
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$97,253,000	-\$48,626,500	-\$88,060,000	-\$44,030,000	\$9,193,000	\$4,596,500
138	ENHANCED RECOVERIES GENERATED BY DRA OF 200	\$0	\$0	-\$1,216,500	-\$608,250	-\$1,216,500	-\$608,250
143	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	-\$603,000	-\$301,500	-\$603,000	-\$301,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
	OTHER SUBTOTAL	-\$246,000,470	-\$75,452,240	-\$110,630,830	-\$8,267,410	\$135,369,640	\$67,184,820
	GRAND TOTAL	<u>\$4,682,921,190</u>	<u>\$1,018,689,760</u>	<u>\$4,860,306,860</u>	<u>\$1,138,026,430</u>	<u>\$177,385,670</u>	<u>\$119,336,670</u>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>ELIGIBILITY</b>						
1	FAMILY PLANNING INITIATIVE	\$438,372,000	\$133,048,400	\$451,046,000	\$136,895,000	\$12,674,000	\$3,846,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$93,117,000	\$41,199,550	\$106,430,000	\$48,328,450	\$13,313,000	\$7,128,900
3	REDETERMINATION FORM SIMPLIFICATION	\$38,113,920	\$19,056,960	\$77,120,000	\$38,560,000	\$39,006,080	\$19,503,040
4	CHDP GATEWAY - PREENROLLMENT	\$18,285,000	\$6,399,750	\$18,285,000	\$6,399,750	\$0	\$0
5	BRIDGE TO HFP	\$9,226,000	\$3,229,100	\$9,613,000	\$3,364,550	\$387,000	\$135,450
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$5,000,000	\$2,500,000	\$0	\$0
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$1,510,710	\$755,360	\$4,880,720	\$2,440,360	\$3,370,000	\$1,685,000
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$868,400	\$303,940	\$2,674,510	\$936,080	\$1,806,110	\$632,140
10	BCCTP RETROACTIVE COVERAGE	\$256,240	\$89,680	\$789,170	\$276,210	\$532,930	\$186,530
11	SB 437 - SELF-CERTIFICATION	\$0	\$0	\$23,870,530	\$11,935,260	\$23,870,530	\$11,935,260
12	HURRICANE KATRINA SECTION 1115 WAIVER	\$0	-\$505,000	\$0	\$0	\$0	\$505,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$19,480,200	\$0	-\$19,480,200	\$0	\$0
14	REFUGEES	\$0	-\$2,588,000	\$5,596,000	\$5,596,000	\$5,596,000	\$8,184,000
15	NEW QUALIFIED ALIENS	\$0	\$132,423,000	\$0	\$133,165,000	\$0	\$742,000
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
142	DRA - MINOR CONSENT	\$0	\$0	\$0	\$20,043,500	\$0	\$20,043,500
152	PE FOR HFP DISENROLLEES	\$0	\$0	\$2,790,340	\$1,395,170	\$2,790,340	\$1,395,170
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$604,749,280</b>	<b>\$316,432,540</b>	<b>\$708,095,260</b>	<b>\$392,355,130</b>	<b>\$103,345,990</b>	<b>\$75,922,590</b>
	<b>BENEFITS</b>						
17	ADULT DAY HEALTH CARE - CDA	\$393,815,000	\$196,907,500	\$395,175,000	\$197,587,500	\$1,360,000	\$680,000
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$153,000,000	\$0	\$175,000,000	\$0	\$22,000,000	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
20	CONLAN V. BONTA	\$613,120	\$306,560	\$17,755,730	\$8,877,860	\$17,142,610	\$8,571,300
21	HUMAN PAPILLOMAVIRUS VACCINE	\$3,562,680	\$1,781,340	\$11,255,990	\$5,628,000	\$7,693,320	\$3,846,660
22	PRENATAL SCREENING EXPANSION	\$3,531,010	\$1,765,500	\$11,157,890	\$5,578,950	\$7,626,890	\$3,813,440

Costs shown include application of payment lag factor, but not percent reflected in base calculation.



**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
23	NF A/B LEVEL OF CARE GROWTH	\$54,350	\$27,170	\$3,487,380	\$1,743,690	\$3,433,040	\$1,716,520
25	GENETIC DISEASE TESTING FEE INCREASE	\$1,038,310	\$519,160	\$3,280,460	\$1,640,230	\$2,242,150	\$1,121,080
27	ELIMINATION OF PODIATRY TARS	\$118,050	\$59,030	\$199,200	\$99,600	\$81,150	\$40,580
28	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$26,570	\$13,280	\$234,360	\$117,180	\$207,800	\$103,900
30	INDEP. PLUS SELF-DIR. SERV. WAIVER - CDDS	\$0	\$0	\$312,000	\$0	\$312,000	\$0
31	NEWBORN HEARING SCREENS EXPANSION	\$0	\$0	\$296,560	\$148,280	\$296,560	\$148,280
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$128,067,550	\$0	-\$111,566,000	\$0	\$16,501,550
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,986,500	\$0	\$4,986,500	\$0	\$0
36	ADULT DAY HEALTH CARE REFORMS	\$0	\$0	-\$6,388,050	-\$3,194,030	-\$6,388,050	-\$3,194,030
37	EXPANSION OF NF/AH WAIVER (SB 643)	-\$30,000	-\$15,000	-\$433,000	-\$216,500	-\$403,000	-\$201,500
137	DENTAL FI UNDERWRITING GAIN	-\$131,718,000	-\$63,537,000	\$0	\$0	\$131,718,000	\$63,537,000
141	HOME TOCOLYTIC THERAPY	\$0	\$0	\$2,996,840	\$1,498,420	\$2,996,840	\$1,498,420
	<b>BENEFITS SUBTOTAL</b>	<b>\$474,527,080</b>	<b>\$42,504,490</b>	<b>\$664,846,370</b>	<b>\$140,687,680</b>	<b>\$190,319,290</b>	<b>\$98,183,200</b>
	<b>PHARMACY</b>						
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$4,178,000	\$0	\$650,000	\$0	-\$3,528,000
40	NON FFP DRUGS	\$0	\$2,362,000	\$0	\$172,000	\$0	-\$2,190,000
41	DRUG REIMBURSEMENT REDUCTION	\$0	\$0	-\$77,399,690	-\$38,699,850	-\$77,399,690	-\$38,699,850
42	MEDICAL SUPPLY CONTRACTING	-\$4,040,130	-\$2,020,060	-\$8,526,740	-\$4,263,370	-\$4,486,620	-\$2,243,310
43	ENTERAL NUTRITION PRODUCTS	-\$3,461,150	-\$1,730,580	-\$12,900,600	-\$6,450,300	-\$9,439,450	-\$4,719,730
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$78,942,110	-\$39,471,050	-\$79,700,000	-\$39,850,000	-\$757,900	-\$378,950
45	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$2,990,800	-\$6,000,000	-\$2,990,800	\$0	\$0
46	FAMILY PACT DRUG REBATES	-\$34,033,000	-\$13,762,000	-\$34,765,000	-\$14,058,200	-\$732,000	-\$296,200
47	STATE SUPPLEMENTAL DRUG REBATES	-\$307,565,000	-\$153,304,100	-\$316,915,000	-\$157,964,300	-\$9,350,000	-\$4,660,200
48	FEDERAL DRUG REBATE PROGRAM	-\$647,583,000	-\$322,783,900	-\$667,269,000	-\$332,596,100	-\$19,686,000	-\$9,812,200

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>PHARMACY</b>						
139	MEDICAL SUPPLY REBATES	-\$3,700,000	-\$1,850,000	-\$3,500,000	-\$1,750,000	\$200,000	\$100,000
140	DISPUTED DRUG REBATE RESOLUTIONS	-\$63,000,000	-\$31,214,000	-\$40,000,000	-\$19,937,600	\$23,000,000	\$11,276,400
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,148,324,380</b>	<b>-\$562,586,490</b>	<b>-\$1,246,976,030</b>	<b>-\$617,738,520</b>	<b>-\$98,651,650</b>	<b>-\$55,152,030</b>
	<b>MANAGED CARE</b>						
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$150,933,000	\$75,461,500	\$199,911,000	\$99,955,500	\$48,978,000	\$24,494,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$4,000,000	\$2,000,000	\$4,500,000	\$2,250,000	\$500,000	\$250,000
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
145	CAPITATED RATE METHODOLOGY PROJECT RATE INC	\$0	\$0	\$214,285,000	\$107,142,500	\$214,285,000	\$107,142,500
147	SBRHA CARVE-OUT OF AIDS DRUGS	-\$17,000	-\$8,500	\$0	\$0	\$17,000	\$8,500
148	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$0	\$0	\$823,000	\$0	\$823,000
153	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$0	\$0	\$3,758,000	\$1,879,000	\$3,758,000	\$1,879,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$154,916,000</b>	<b>\$77,453,000</b>	<b>\$422,454,000</b>	<b>\$212,050,000</b>	<b>\$267,538,000</b>	<b>\$134,597,000</b>
	<b>PROVIDER RATES</b>						
65	NF-B RATE CHANGES AND QA FEE	\$122,055,900	\$61,027,950	\$303,265,410	\$151,632,700	\$181,209,500	\$90,604,750
66	LTC RATE ADJUSTMENT	\$51,458,110	\$25,729,060	\$120,996,930	\$60,498,460	\$69,538,810	\$34,769,410
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$16,883,510	\$8,441,760	\$43,095,280	\$21,547,640	\$26,211,770	\$13,105,890
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$6,007,230	\$3,003,620	\$38,124,000	\$19,062,000	\$32,116,770	\$16,058,390
69	DME REIMBURSEMENT CHANGES	\$1,400,700	\$700,350	\$4,482,190	\$2,241,100	\$3,081,490	\$1,540,740
70	HOSPICE RATE INCREASES	\$5,025,760	\$2,512,880	\$10,887,310	\$5,443,650	\$5,861,550	\$2,930,770
72	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$0	\$0	\$6,059,440	\$3,029,720	\$6,059,440	\$3,029,720
73	NF-B 2007-08 RATE CAP ADJUSTMENT	\$0	\$0	-\$32,602,460	-\$16,301,230	-\$32,602,460	-\$16,301,230
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$202,831,220</b>	<b>\$101,415,610</b>	<b>\$494,308,090</b>	<b>\$247,154,050</b>	<b>\$291,476,880</b>	<b>\$145,738,440</b>
	<b>HOSPITAL FINANCING</b>						
74	HOSP FINANCING - DSH PMT	\$1,612,796,000	\$580,733,000	\$1,614,917,000	\$582,337,500	\$2,121,000	\$1,604,500
75	HOSP FINANCING - SAFETY NET CARE POOL	\$594,266,000	\$0	\$578,427,000	\$31,652,000	-\$15,839,000	\$31,652,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b><u>HOSPITAL FINANCING</u></b>						
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$558,114,000	\$279,057,000	\$477,742,000	\$238,871,000	-\$80,372,000	-\$40,186,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$358,014,000	\$179,007,000	\$292,936,000	\$146,468,000	-\$65,078,000	-\$32,539,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$0	\$0	\$154,860,000	\$0	\$154,860,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$70,455,000	\$0	\$26,000,000	\$0	-\$44,455,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$58,450,000	\$29,225,000	\$29,656,000	\$14,828,000	-\$28,794,000	-\$14,397,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$0	\$0	\$27,181,000	\$0	\$27,181,000	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,898,000	\$1,949,000	\$3,998,000	\$1,999,000	\$100,000	\$50,000
83	HOSP FINANCING - HEALTH CARE COVERAGE	\$0	\$0	\$150,000,000	\$0	\$150,000,000	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$40,565,000	\$0	\$40,565,000	\$0	\$0	\$0
85	HOSP FINANCING - STABILIZATION FUNDING	\$0	\$0	\$56,300,000	\$28,150,000	\$56,300,000	\$28,150,000
86	HOSP FINANCING - BCCTP	\$0	-\$291,000	\$0	\$0	\$0	\$291,000
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$389,978,500	\$0	-\$364,500,000	\$0	\$25,478,500
88	HOSP FINANCING - MIA LTC	\$0	-\$7,328,000	\$0	-\$10,570,000	\$0	-\$3,242,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	\$0	\$0	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,296,558,000</b>	<b>\$672,373,500</b>	<b>\$3,422,054,000</b>	<b>\$638,707,500</b>	<b>\$125,496,000</b>	<b>-\$33,666,000</b>
	<b><u>SUPPLEMENTAL PMNTS.</u></b>						
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$139,535,000	\$69,767,500	\$104,156,000	\$52,078,000	-\$35,379,000	-\$17,689,500
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$120,000,000	\$0	\$125,000,000	\$0	\$5,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
93	FFP FOR LOCAL TRAUMA CENTERS	\$65,000,000	\$32,500,000	\$44,000,000	\$22,000,000	-\$21,000,000	-\$10,500,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$50,000,000	\$0	\$50,000,000	\$0	\$0	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
97	DSH PAYMENTS	\$2,209,000	\$1,104,500	\$0	\$0	-\$2,209,000	-\$1,104,500
98	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$0	\$0	\$65,000,000	\$0	\$65,000,000	\$0

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>SUPPLEMENTAL PMNTS.</b>						
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$494,744,000</b>	<b>\$162,372,000</b>	<b>\$506,156,000</b>	<b>\$133,078,000</b>	<b>\$11,412,000</b>	<b>-\$29,294,000</b>
	<b>OTHER</b>						
110	HEALTHY FAMILIES - CDMH	\$40,394,000	\$0	\$24,002,000	\$0	-\$16,392,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$14,682,000	\$7,341,000	\$18,105,000	\$9,052,500	\$3,423,000	\$1,711,500
114	MINOR CONSENT SETTLEMENT	\$9,467,000	\$9,467,000	\$9,098,000	\$9,098,000	-\$369,000	-\$369,000
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
120	ESTATE RECOVERY REGULATIONS	\$2,173,000	\$1,086,500	\$2,173,000	\$1,086,500	\$0	\$0
121	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	\$1,900,000	\$0	\$0	\$0	-\$1,900,000
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	-\$7,700,000	\$0	-\$6,000,000	\$0	\$1,700,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$128,000,000	\$0	\$48,000,000	\$0	-\$80,000,000
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$36,000,000	\$0	\$12,000,000	\$0	-\$24,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2007-08	\$0	\$0	-\$42,479,820	-\$21,239,910	-\$42,479,820	-\$21,239,910
129	MEDICAL SUPPORT ENHANCEMENTS	\$0	\$0	-\$1,739,070	-\$869,540	-\$1,739,070	-\$869,540
130	GLAXOSMITHKLINE SETTLEMENT	-\$1,246,000	-\$1,246,000	\$0	\$0	\$1,246,000	\$1,246,000
131	EDS COST CONTAINMENT PROJECTS	-\$1,720,120	-\$860,060	-\$3,010,440	-\$1,505,220	-\$1,290,320	-\$645,160
132	NEW RECOVERY ACTIVITIES	-\$19,488,630	-\$9,744,310	-\$27,900,000	-\$13,950,000	-\$8,411,370	-\$4,205,690
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$40,782,650	-\$20,391,320	-\$88,060,000	-\$44,030,000	-\$47,277,360	-\$23,638,680
136	RECLAMATION OF FFP PAID THROUGH COBRA	\$0	-\$20,870,000	\$0	\$0	\$0	\$20,870,000
138	ENHANCED RECOVERIES GENERATED BY DRA OF 200	\$0	\$0	-\$1,216,500	-\$608,250	-\$1,216,500	-\$608,250
143	DENTAL RETROACTIVE RATE CHANGES	-\$44,005,000	-\$22,002,500	-\$603,000	-\$301,500	\$43,402,000	\$21,701,000
	<b>OTHER SUBTOTAL</b>	<b>-\$39,526,390</b>	<b>\$101,980,300</b>	<b>-\$110,630,830</b>	<b>-\$8,267,410</b>	<b>-\$71,104,440</b>	<b>-\$110,247,720</b>
	<b>GRAND TOTAL</b>	<b>\$4,040,474,800</b>	<b>\$911,944,950</b>	<b>\$4,860,306,860</b>	<b>\$1,138,026,430</b>	<b>\$819,832,070</b>	<b>\$226,081,480</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$39,525,510	\$8,696,150	\$346,268,860	\$68,159,800	\$5,705,110	\$107,300
OTHER MEDICAL	\$74,820,580	\$19,225,360	\$506,655,330	\$184,119,430	\$7,920,280	\$303,690
COUNTY OUTPATIENT	\$1,588,780	\$954,000	\$37,495,790	\$6,442,740	\$119,340	\$0
COMMUNITY OUTPATIENT	\$23,245,390	\$4,070,650	\$212,318,880	\$39,920,750	\$1,132,830	\$10,650
PHARMACY	\$61,600,420	\$22,078,540	\$1,168,357,020	\$83,915,850	\$12,376,500	\$216,770
COUNTY INPATIENT	\$8,058,510	\$1,834,120	\$138,674,510	\$23,332,620	\$1,809,590	\$30
COMMUNITY INPATIENT	\$204,857,140	\$28,714,970	\$1,142,153,850	\$229,351,410	\$24,832,130	\$130,090
NURSING FACILITIES	\$419,226,750	\$27,753,890	\$649,017,250	\$2,629,710	\$1,871,209,540	\$6,517,760
ICF-DD	\$462,180	\$10,486,700	\$192,146,430	\$830,040	\$19,995,400	\$3,218,320
MEDICAL TRANSPORTATION	\$15,677,690	\$5,468,100	\$61,167,750	\$4,352,010	\$5,191,180	\$115,540
OTHER SERVICES	\$167,145,490	\$15,618,170	\$473,486,070	\$43,475,100	\$68,435,580	\$358,820
HOME HEALTH	\$71,630	\$12,308,520	\$91,786,680	\$4,261,060	\$1,900	\$0
<b>FFS SUBTOTAL</b>	<b>\$1,016,280,060</b>	<b>\$157,209,180</b>	<b>\$5,019,528,430</b>	<b>\$690,790,530</b>	<b>\$2,018,729,390</b>	<b>\$10,978,980</b>
DENTAL	\$37,040,640	\$2,241,760	\$85,909,150	\$113,616,940	\$4,436,620	\$18,760
TWO PLAN MODEL	\$23,651,050	\$6,665,310	\$508,602,520	\$899,975,360	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$199,883,660	\$7,441,420	\$277,910,480	\$193,617,140	\$311,323,090	\$769,040
GEOGRAPHIC MANAGED CARE	\$7,996,120	\$1,867,590	\$126,951,770	\$165,537,880	\$0	\$0
PHP & OTHER MANAG. CARE	\$71,869,750	\$4,393,750	\$185,185,000	\$9,498,410	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$16,682,090	\$0	\$0
MEDICARE PAYMENTS	\$1,041,397,150	\$56,525,480	\$1,572,234,960	\$0	\$143,957,760	\$1,866,910
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,547,120	\$2,300,920	\$75,847,640	\$3,059,640	\$4,172,620	\$612,380
MISC. SERVICES	\$503,520,160	\$30,473,870	\$2,024,167,180	\$1,269,420	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$1,886,905,640</b>	<b>\$111,910,100</b>	<b>\$4,856,808,690</b>	<b>\$1,403,256,880</b>	<b>\$463,890,090</b>	<b>\$3,267,100</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$2,903,185,710</b>	<b>\$269,119,280</b>	<b>\$9,876,337,110</b>	<b>\$2,094,047,420</b>	<b>\$2,482,619,480</b>	<b>\$14,246,080</b>
<b>ELIGIBLES ***</b>	<b>395,800</b>	<b>23,600</b>	<b>916,800</b>	<b>1,184,000</b>	<b>47,800</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$7,335</b>	<b>\$11,403</b>	<b>\$10,773</b>	<b>\$1,769</b>	<b>\$51,938</b>	<b>\$71,230</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$611</b>	<b>\$950</b>	<b>\$898</b>	<b>\$147</b>	<b>\$4,328</b>	<b>\$5,936</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 34. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$6,404,070	\$56,657,620	\$562,710	\$60,022,560	\$330,348,030	\$34,735,920
OTHER MEDICAL	\$6,173,820	\$86,776,370	\$2,711,120	\$127,180,030	\$488,674,180	\$78,290,670
COUNTY OUTPATIENT	\$442,910	\$6,719,300	\$107,120	\$13,614,240	\$31,301,840	\$3,235,210
COMMUNITY OUTPATIENT	\$1,211,420	\$21,712,560	\$175,160	\$29,364,470	\$124,075,260	\$15,923,870
PHARMACY	\$15,183,190	\$93,023,670	\$705,110	\$98,846,130	\$170,429,960	\$39,164,120
COUNTY INPATIENT	\$14,801,900	\$22,544,430	\$594,810	\$131,766,910	\$208,372,590	\$16,500,170
COMMUNITY INPATIENT	\$38,120,680	\$143,234,470	\$2,090,730	\$267,467,640	\$1,184,339,690	\$112,710,380
NURSING FACILITIES	\$435,480,760	\$221,307,780	\$1,213,900	\$63,324,420	\$20,994,970	\$8,488,240
ICF-DD	\$180,445,690	\$74,230	\$0	\$6,041,790	\$434,290	\$2,911,910
MEDICAL TRANSPORTATION	\$2,735,450	\$12,329,890	\$552,680	\$15,138,900	\$12,516,550	\$1,744,670
OTHER SERVICES	\$13,807,780	\$111,058,680	\$344,800	\$80,651,560	\$112,469,500	\$13,645,590
HOME HEALTH	\$45,970	\$731,710	\$44,260	\$48,366,790	\$10,059,580	\$6,520,490
<b>FFS SUBTOTAL</b>	<b>\$714,853,640</b>	<b>\$776,170,700</b>	<b>\$9,102,410</b>	<b>\$941,785,430</b>	<b>\$2,694,016,450</b>	<b>\$333,871,250</b>
DENTAL	\$1,378,820	\$21,282,660	\$56,280	\$10,974,310	\$284,419,180	\$23,989,290
TWO PLAN MODEL	\$0	\$21,374,560	\$155,970	\$29,746,500	\$1,806,974,830	\$39,186,520
COUNTY ORGANIZED HEALTH SYSTEMS	\$112,411,250	\$108,990,020	\$97,240	\$40,178,020	\$510,336,340	\$27,798,830
GEOGRAPHIC MANAGED CARE	\$0	\$4,574,450	\$0	\$6,742,640	\$238,264,030	\$7,198,740
PHP & OTHER MANAG. CARE	\$0	\$41,333,660	\$109,030	\$23,602,610	\$23,233,230	\$1,956,570
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$38,835,420	\$3,104,890
MEDICARE PAYMENTS	\$34,005,230	\$261,290,370	\$1,984,210	\$167,269,830	\$14,427,110	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$219,606,690	\$336,650	\$214,230	\$1,156,620	\$4,727,250	\$861,670
MISC. SERVICES	\$0	\$289,310,520	\$765,040	\$258,573,600	\$3,163,550	\$257,280
<b>NON-FFS SUBTOTAL</b>	<b>\$367,402,000</b>	<b>\$748,492,890</b>	<b>\$3,381,990</b>	<b>\$538,244,120</b>	<b>\$2,924,380,950</b>	<b>\$104,353,790</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,082,255,640</b>	<b>\$1,524,663,590</b>	<b>\$12,484,400</b>	<b>\$1,480,029,550</b>	<b>\$5,618,397,400</b>	<b>\$438,225,040</b>
<b>ELIGIBLES ***</b>	<b>14,400</b>	<b>219,100</b>	<b>600</b>	<b>114,000</b>	<b>2,982,500</b>	<b>224,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$75,157</b>	<b>\$6,959</b>	<b>\$20,807</b>	<b>\$12,983</b>	<b>\$1,884</b>	<b>\$1,949</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,263</b>	<b>\$580</b>	<b>\$1,734</b>	<b>\$1,082</b>	<b>\$157</b>	<b>\$162</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 34. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$3,588,820	\$644,010	\$33,648,140	\$183,801,650	\$4,224,710	\$3,471,840
OTHER MEDICAL	\$3,223,610	\$774,980	\$51,899,520	\$191,469,210	\$16,288,180	\$7,944,340
COUNTY OUTPATIENT	\$427,190	\$301,710	\$5,283,750	\$8,915,580	\$600,410	\$438,610
COMMUNITY OUTPATIENT	\$1,213,810	\$110,420	\$8,926,730	\$30,081,220	\$2,764,600	\$2,654,190
PHARMACY	\$3,550,630	\$575,230	\$15,088,330	\$16,237,820	\$2,671,910	\$3,934,830
COUNTY INPATIENT	\$2,610,680	\$13,870	\$50,598,240	\$51,680,990	\$866,410	\$1,173,270
COMMUNITY INPATIENT	\$10,150,840	\$364,390	\$120,148,140	\$395,725,850	\$10,395,590	\$10,161,650
NURSING FACILITIES	\$47,531,050	\$0	\$19,499,430	\$0	\$0	\$0
ICF-DD	\$3,922,240	\$0	\$836,000	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$322,110	\$12,700	\$3,293,640	\$1,653,870	\$311,210	\$206,390
OTHER SERVICES	\$862,650	\$42,570	\$2,243,070	\$8,316,150	\$3,651,930	\$4,031,810
HOME HEALTH	\$33,250	\$510	\$138,500	\$793,650	\$501,880	\$1,185,280
<b>FFS SUBTOTAL</b>	<b>\$77,436,890</b>	<b>\$2,840,420</b>	<b>\$311,603,480</b>	<b>\$888,675,990</b>	<b>\$42,276,840</b>	<b>\$35,202,230</b>
DENTAL	\$375,190	\$1,014,000	\$76,000	\$180,000	\$7,674,000	\$8,585,000
TWO PLAN MODEL	\$1,998,180	\$1,629,100	\$0	\$33,030,100	\$61,685,660	\$51,520,240
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,099,280	\$302,980	\$17,501,930	\$28,748,270	\$19,016,180	\$7,135,910
GEOGRAPHIC MANAGED CARE	\$245,960	\$132,350	\$0	\$6,965,670	\$12,159,560	\$8,905,240
PHP & OTHER MANAG. CARE	\$27,740	\$0	\$0	\$1,375,560	\$756,840	\$628,870
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,410,620	\$1,047,740
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$312,100	\$0	\$233,640	\$521,230	\$0	\$30,600
MISC. SERVICES	\$3,340	\$0	\$0	\$168,960	\$23,610	\$18,470
<b>NON-FFS SUBTOTAL</b>	<b>\$6,061,780</b>	<b>\$3,078,420</b>	<b>\$17,811,570</b>	<b>\$70,989,800</b>	<b>\$102,726,470</b>	<b>\$77,872,070</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$83,498,670</b>	<b>\$5,918,840</b>	<b>\$329,415,060</b>	<b>\$959,665,790</b>	<b>\$145,003,300</b>	<b>\$113,074,300</b>
<b>ELIGIBLES ***</b>	<b>3,300</b>	<b>2,400</b>	<b>72,400</b>	<b>201,400</b>	<b>108,800</b>	<b>90,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$25,303</b>	<b>\$2,466</b>	<b>\$4,550</b>	<b>\$4,765</b>	<b>\$1,333</b>	<b>\$1,244</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$2,109</b>	<b>\$206</b>	<b>\$379</b>	<b>\$397</b>	<b>\$111</b>	<b>\$104</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 34. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$1,186,572,810
OTHER MEDICAL	\$1,854,450,710
COUNTY OUTPATIENT	\$117,988,520
COMMUNITY OUTPATIENT	\$518,912,860
PHARMACY	\$1,807,956,040
COUNTY INPATIENT	\$675,233,660
COMMUNITY INPATIENT	\$3,924,949,650
NURSING FACILITIES	\$3,794,195,440
ICF-DD	\$421,805,230
MEDICAL TRANSPORTATION	\$142,790,350
OTHER SERVICES	\$1,119,645,340
HOME HEALTH	\$176,851,670
<b>FFS SUBTOTAL</b>	<b>\$15,741,352,290</b>
DENTAL	\$603,268,600
TWO PLAN MODEL	\$3,486,195,890
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,866,561,100
GEOGRAPHIC MANAGED CARE	\$587,541,990
PHP & OTHER MANAG. CARE	\$363,971,020
EPSDT SCREENS	\$61,080,760
MEDICARE PAYMENTS	\$3,294,959,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$315,541,000
MISC. SERVICES	\$3,111,715,000
<b>NON-FFS SUBTOTAL</b>	<b>\$13,690,834,360</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$29,432,186,650</b>
<b>ELIGIBLES ***</b>	<b>6,602,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,457</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$371</b>

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 34. Refer to page following report for listing.**



**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

EXCLUDED POLICY CHANGES: 34

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
5	BRIDGE TO HFP
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS
10	BCCTP RETROACTIVE COVERAGE
12	HURRICANE KATRINA SECTION 1115 WAIVER
35	CDSS SHARE OF COST PAYMENT FOR IHSS
46	FAMILY PACT DRUG REBATES
74	HOSP FINANCING - DSH PMT
75	HOSP FINANCING - SAFETY NET CARE POOL
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
79	HOSP FINANCING - CCS AND GHPP
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
83	HOSP FINANCING - HEALTH CARE COVERAGE
85	HOSP FINANCING - STABILIZATION FUNDING
87	BASE ADJUSTMENT - DPH INTERIM RATE
90	CAPITAL PROJECT DEBT REIMBURSEMENT
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
92	IGT FOR NON-SB 1100 HOSPITALS
93	FFP FOR LOCAL TRAUMA CENTERS
94	CERTIFICATION PAYMENTS FOR DP-NFS
95	DSH OUTPATIENT PAYMENT METHOD CHANGE
96	SRH OUTPATIENT PAYMENT METHOD CHANGE
97	DSH PAYMENTS
109	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
110	HEALTHY FAMILIES - CDMH
114	MINOR CONSENT SETTLEMENT
137	DENTAL FI UNDERWRITING GAIN

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON MAY 2007 ESTIMATE**

EXCLUDED POLICY CHANGES: 34

143	DENTAL RETROACTIVE RATE CHANGES
148	MANAGED CARE ELIGIBILITY ADJUSTMENTS

### ESTIMATED COST OF 1% RATE INCREASE FISCAL YEAR 2007-08

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2007 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,186,572,810	0.9660	\$11,462,290	\$5,889,590	0.9167	0.7910	\$8,310,930	\$4,270,350
OTHER MEDICAL	\$1,854,450,710	0.9760	\$18,099,440	\$9,242,820	0.9167	0.8364	\$13,877,600	\$7,086,860
COUNTY OUTPATIENT	\$117,988,520	0.9600	\$1,132,690	\$418,210	0.9167	0.7836	\$813,620	\$300,410
COMMUNITY OUTPATIENT	\$518,912,860	0.9100	\$4,722,110	\$2,267,650	0.9167	0.7972	\$3,450,940	\$1,657,210
PHARMACY	\$1,807,956,040	0.0793	\$1,434,430	\$742,660	0.9167	0.9404	\$1,236,490	\$640,180
COUNTY INPATIENT	\$675,233,660	1.0000	N/A	N/A	0.9167	0.6400	N/A	N/A
COMMUNITY INPATIENT	\$3,924,949,650	1.0000	N/A	N/A	0.9167	0.7609	N/A	N/A
NURSING FACILITIES	\$3,794,195,440	1.1578	\$43,928,820	\$22,269,570	0.9167	0.8840	\$35,596,340	\$18,045,450
ICF-DD	\$421,805,230	1.1578	\$4,883,620	\$2,463,500	0.9167	0.8839	\$3,956,980	\$1,996,070
MEDICAL TRANSPORTATION	\$142,790,350	0.9660	\$1,379,350	\$730,360	0.9167	0.8270	\$1,045,730	\$553,710
OTHER SERVICES	\$1,119,645,340	0.9540	\$10,681,420	\$4,600,680	0.9167	0.8353	\$8,178,530	\$3,522,640
HOME HEALTH	\$176,851,670	0.9800	\$1,733,150	\$879,520	0.9167	0.8120	\$1,290,090	\$654,680
DENTAL	\$603,268,600	0.9990	\$6,026,650	\$3,084,700	0.9167	1.0000	\$5,524,430	\$2,827,650
MENTAL HEALTH	\$1,096,545,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$3,486,195,890	1.0000	\$34,861,960	\$17,450,240	0.9167	1.0000	\$31,956,800	\$15,996,050
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,866,561,100	1.0000	\$18,665,610	\$9,345,550	0.9167	1.0000	\$17,110,140	\$8,566,750
GEOGRAPHIC MANAGED CARE	\$587,541,990	1.0000	\$5,875,420	\$2,937,140	0.9167	1.0000	\$5,385,800	\$2,692,380
PHP & OTHER MANAG. CARE	\$363,971,020	1.0000	\$3,639,710	\$2,091,140	0.9167	1.0000	\$3,336,400	\$1,916,880
AUDITS/ LAWSUITS	\$2,865,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$61,080,760	1.0000	\$610,810	\$358,800	0.9167	1.0000	\$559,910	\$328,900
MEDICARE PAYMENTS (4)	\$3,294,959,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$315,541,000	0.9782	\$3,086,590	\$0	0.9167	1.0000	\$2,829,370	\$0
MISC. SERVICES	\$3,111,715,000	1.0000	\$31,117,150	\$103,330	0.9167	1.0000	\$28,524,050	\$94,720
RECOVERIES	-\$281,276,600	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
<b>TOTAL</b>	<b>\$30,250,320,060</b>		<b>\$203,341,210</b>	<b>\$84,875,460</b> (3)			<b>\$172,984,170</b>	<b>\$71,150,870</b>

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.  
 Adjustment factor for Dental services due primarily to prior year reconciliations.  
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.  
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.